Form 990

Т

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2023 Open to Public Inspection

		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and	the latest i	nformation.	Inspection
AF	or th	e 2023 calend	lar year, or tax year beginning and	d ending		
B c	Check if pplicab	ole: C Name o	forganization		D Employer identificat	ion number
X	Addr	ess LEAD	ERSHIP ROUNDTABLE, INC.			
	Name	e ge Doing b	usiness as		54-2174467	1
	Initia		r and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	 Final returr	1775	I ST. NW	1150	202-635-58	320
	termi	n.	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,062,096.
	Amer		INGTON, DC 20006		H(a) Is this a group retur	
	Appli		nd address of principal officer: PATRICK MARKEY			Yes X No
	pend		AS C ABOVE		H(b) Are all subordinates include	
11	Fax-e>	empt status: [X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 🗌 527		
	Nebs		LEADERSHIPROUNDTABLE.ORG	,	H(c) Group exemption n	
κF	orm o	f organization:	X Corporation Trust Association Other	L Year	of formation: 2005 M S	
Pa	art I	Summary				
	1	Briefly describ	be the organization's mission or most significant activities: \underline{SEE}	SCHEDU	JLE O	
JCe						
Governance	2	Check this bo	x if the organization discontinued its operations or dispo	osed of more	e than 25% of its net assets	S.
Nel	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3	24
	4	Number of ind	dependent voting members of the governing body (Part VI, line 1b)			23
s S	5		of individuals employed in calendar year 2023 (Part V, line 2a)			14
Activities	6		of volunteers (estimate if necessary)			23
cti	7 a				7a	0.
<	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
Ø	8	Contributions	and grants (Part VIII, line 1h)		3,581,917.	3,398,591.
ň	9	Program serv	ice revenue (Part VIII, line 2g)		721,199.	650,849.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		103.	9,517.
ĉ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	3,139.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,303,219.	4,062,096.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
s	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		2,421,797.	2,380,356.
JSe	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		125,000.	0.
Expenses	b		ing expenses (Part IX, column (D), line 25)284, 7	/07.		
ŵ	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		927,247.	784,704.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,474,044.	3,165,060.
	19		expenses. Subtract line 18 from line 12		829,175.	897,036.
or				B	eginning of Current Year	End of Year
sets Ilanc	20	Total assets (l	Part X, line 16)		2,995,784.	3,944,517.
As	21		s (Part X, line 26)		359,585.	411,282.
Net Assets or Fund Balances	22	Net assets or	fund balances. Subtract line 21 from line 20		2,636,199.	3,533,235.
Pa	art II					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date
Here	PATRICK MARKEY, MANAGING	PARTNER		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	KATHLEEN M. FLAHERTY			self-employed P00969957
Preparer	Firm's name MATTHEWS, CARTER	& BOYCE		Firm's EIN 54-1487262
Use Only	Firm's address 12500 FAIR LAKES	CIRCLE, SUITE 260		
	FAIRFAX, VA 22033			Phone no. 703-218-3600
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions. 332001 12-21-23		Form 990 (2023)

	990 (2023) LEADERSHIP ROUNDTABLE, INC.	54-2174467 Page 2
Par	t III Statement of Program Service Accomplishments	X
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	A _
•	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? . If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 2,596,578. including grants of \$) (Revenu LEADERSHIP ROUNDTABLE PROGRAMS - CONVENING EXPERTS IN BES	
	MANAGEMENT PRACTICES TO RESEARCH AND DISSEMINATE FINDINGS	
	LEADERS THROUGH OUR MISSION MANAGEMENT MODEL PROGRAMS; AN	•
	HISPANIC/LATINO LEADERS THROUGH OUR NEWEST INITIATIVE THE	
	PASTORAL LEADERS INITIATIVE.	
41		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ie \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ie \$
10		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses2,596,578.	
		Form 990 (2023)
332002	12-21-23 ?	

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Form	990	(2023)

Form 990 (2023) LEADERSHIP ROUNDTABLE, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D		11b		х
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
332003	12-21-23	Form	990 (2023)

3

332003 12-21-23

Form	990	(2023)
	330	

 Form 990 (2023)
 LEADERSHIP ROUNDTABLE, INC.
 54-2174467
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Formation (Contin)
 Formation (Contin)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20				
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		000		х
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u></u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00-		х
00	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
• •	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		37	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 30	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
332004	12-21-23	Form	990	(2023)
	4			

Form	990 (2023) LEADERSHIP ROUNDTABLE, INC.	54-217	4467	P	age 5
Par					<u> </u>
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 14	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
		-	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as required			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l l			
	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c			v
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				v
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.		10		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.	11. 11			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.			990	(0000)
332005	12-21-23		Form	1990	(2023)

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⁵ 2023.04000 LEADERSHIP ROUNDTABLE, IN NA40___2

Form	990	(2023)

LEADERSHIP ROUNDTABLE, INC.

54-2174467 Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		24			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		other				
-	officer, director, trustee, or key employee?			2			Х
3	Did the organization delegate control over management duties customarily performed by or under the						
Ũ	of officers, directors, trustees, or key employees to a management company or other person?			3			Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99						X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			·····			X
6							X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			···· •			- 23
7a				_			Х
	more members of the governing body?			78			<u>_</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						v
_	persons other than the governing body?			71)		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea		-			37	
а	The governing body?					X	
b	Each committee with authority to act on behalf of the governing body?			8)		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9			Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>enue Coo</u>	de.)				
						Yes	N
10a	Did the organization have local chapters, branches, or affiliates?			10	а		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics of such c	apters, aff	iliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10			
l 1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before fil	ing the form	? 11	а	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	а	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es." desci	ribe				
	on Schedule O how this was done	,		12	с	x	
13	Did the organization have a written whistleblower policy?				3	X	
14	Did the organization have a written document retention and destruction policy?			14	1	X	
15	Did the process for determining compensation of the following persons include a review and approval						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			15	а	x	
	Other officers or key employees of the organization					x	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				~		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with :	2				
iou	taxable entity during the year?			16	a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				a		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	pation				
				16	h		
Sec	exempt status with respect to such arrangements?			10			
17	List the states with which a copy of this Form 990 is required to be filedAL, AR, CA, FL, G	A.HT.	TL.KS.	KY.M	1.0	MA.	M
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar						
.0	for public inspection. Indicate how you made these available. Check all that apply.	0.000 1 (0		0/0/3 011	y) a	vanac	
		on Cata					
10			,	and fire	ne:		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	mict of m	relear holicy	, and ina	ariCla	al	
0	statements available to the public during the tax year.	الم معدا	arde				
20	State the name, address, and telephone number of the person who possesses the organization's boo ANA LARMOUR $-202-635-5820$	ks and re	Joras				
	1775 I ST. NW, WASHINGTON, DC20006312-21-23SEE SCHEDULE O FOR FULL LIST OF STATES			-		200	0.5
20000	3 12-21-23 SEE SCHEDULE O FOR FULL LIST OF STATES			Fr	rm	990 (202

Part VII	Compensation of Officers,	Directors, Trus	stees, Key I	Employees,	Highest	Compensate	d
	Employees, and Independe	ent Contractors	S				

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	not cl	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week			uau	liecto	i/iius		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		iyee	mper		1099-NEC)	1000 1120)	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est cc loyee	ler			organizations
	line)	Indiv	Instit	Officer	Key (Highest compensated employee	Former			
(1) PATRICK MARKEY	40.00									
MANAGING PARTNER		Х		Х				249,288.	0.	45,378.
(2) KIMBERLEY SMOLIK	40.00									
PARTNER						X		228,072.	0.	37,316.
(3) MICHAEL BROUGH	40.00									
PARTNER						Х		198,488.	0.	21,482.
(4) LISA METCALFE	40.00									
DIRECTOR, SERVICES & PROGR						Х		163,800.	0.	18,214.
(5) KEVIN KENNEDY	40.00									
SENIOR LEADERSHIP DIRECTOR						Х		140,400.	0.	37,325.
(6) DEACON PATRICK STOKELY	40.00									
SENIOR PROGRAM MANAGER						X		148,994.	0.	25,622.
(7) MS. KERRY ROBINSON	40.00									
FORMER PARTNER/CURRENT BOARD MEMBER		Х						149,124.	0.	16,157.
(8) ELIZABETH MCCAUL	1.00									_
CO-CHAIR		Х		Х				0.	0.	0.
(9) REV. MICHAEL J. GARANZINI, SJ	1.00									-
SECRETARY	1	Х		Х				0.	0.	0.
(10) MS. KERRY ROBINSON	1.00									•
BOARD MEMBER	1 00	х						0.	0.	0.
(11) FR. JOHN BEAL	1.00								0	0
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(12) MR. GENE MCQUADE	1.00								0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) MR. JIM PERRY	1.00	v						0	0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) MS. BRITISH ROBINSON	1.00	v						0.	0.	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) BRIAN B. REYNOLDS	1.00	v						0	0.	0
BOARD MEMBER (16) JOSEPH REGAN	1 00	Х						0.	0.	0.
	1.00	x		v				0	0.	0
CO-CHAIR (17) MS. CHRISTINA LAMAS	1.00	^		Х				0.	υ.	0.
BOARD MEMBER	L . 00	x						0.	0.	0.
		Δ						J 0.	0.	Form 990 (2023)
332007 12-21-23				-	,					rorm 330 (2023)

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Form 990 (2023) LEADERSH	IP ROUNE)TA	BL	Ε,	I	INC	•		54-2174	467	Pa	age 8
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average			Posi	itior			Reportable	Reportable	Est	timate	he
	hours per		not ch , unles					compensation	compensation		ount	
	week		cer and					from	from related		other	
	(list any	tor						the	organizations		bensa	tion
	hours for	direc				-		organization	(W-2/1099-MISC/		om the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	orga	anizati	ion
	organizations	ndividual trustee or director	nstitutional trustee		yee	mpe		1099-NEC)			I relate	
	below	dual	ution	5	nplo	oyee	er	,		orga	nizatio	ons
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former					
(18) HON. MICHAEL MONTELONGO	1.00				-							
BOARD MEMBER		x						0.	0.			0.
(19) ROBERT GASSER	1.00	- 23							••			••
	1.00	v		v					0			0
TREASURER	1 00	Х		X		-		0.	0.			0.
(20) DANIEL DENIHAN	1.00											
BOARD MEMBER		Х						0.	0.			0.
(21) KEVIN K. CARTON	1.00											
BOARD MEMBER		X						0.	0.			0.
(22) REV. JOHN J. WALL	1.00								-			-
BOARD MEMBER		x						0.	0.			0.
	1 00	Λ	$\left \right $			-		0.	0.			0.
(23) PAUL C. REILLY	1.00								0			~
BOARD MEMBER		Х						0.	0.			0.
(24) REV. J. BRYAN HEHIR	1.00											
BOARD MEMBER		Х						0.	0.			0.
(25) LT. GEN. (RET.) JAMES M. DUBIK	1.00											
BOARD MEMBER		x						0.	0.			0.
(26) THOMAS J. HEALEY	1.00											
BOARD MEMBER	1.00	x						0.	0.			Δ
		Λ				<u> </u>			0.	201		0.
1b Subtotal								1,278,166.			L,49	
c Total from continuation sheets to Part V	II, Section A							0.	0.			0.
d Total (add lines 1b and 1c)						<u>.</u>		1,278,166.	0.	201	L,49	94.
2 Total number of individuals (including but r	not limited to th	ose	listed	d ab	ove	e) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization												10
											Yes	No
3 Did the organization list any former officer	director truste	ee k	ev e	mol	ove	e or	hia	hest compensated empl	ovee on			
5			•	•	-		Ŭ	• •	•	3	_	х
line 1a? If "Yes," complete Schedule J for s										3		
4 For any individual listed on line 1a, is the su	-								-		v	
and related organizations greater than \$15										4	X	
5 Did any person listed on line 1a receive or a					-			•				
rendered to the organization? If "Yes." con	nplete Schedule	e J fo	or su	ch p	bers	on .				5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated ind	lepe	nden	t cc	ontra	acto	rs th	at received more than \$	100,000 of compensation	ation fro	m	
the organization. Report compensation for	the calendar ve	ear e	endin	a wi	ith c	or wi	thin	the organization's tax ve	ear.			
(A)	,			9				(B)		(C	<u>,</u>	
Name and business	address	NC	ONE					Description of s	ervices	Compen	<i>i</i> satior	n
		110					-			•		
							_					
							-+					
2 Total number of independent contractors (i	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organi					(J						
SEE PART VII, SECTION	A CONT	IN	UA	rI(ON	S	ΗE	ETS		Form S)90 (2	2023)
332008 12-21-23											·	

Form 990 LEADERSH	IP ROUNI	TA	BL	Е,	Ι	NC	•		54-217	4467
Part VII Section A. Officers, Directors, Tr		nplo	yee			ligh	est			
(A) Name and title	(B) Average hours	(cl		Pos		n app	Iv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) MS. SUSAN KING BOARD MEMBER	1.00	x						0.	0.	0.
(28) GEOFFREY T. BOISI FOUNDER	1.00	x						0.	0.	0.
(29) BRYAN F.GRANE BOARD MEMBER	1.00	x						0.	0.	0.
(30) SR. TERE MAYA, CCVI BOARD MEMBER	1.00	x						0.	0.	0.
BOARD MEMBER								0.		
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
Total to Part VII, Section A, line 1c	1	I	1	1	I	I	I			
								1	1	1

332201 04-01-23

Iu	rt VII							
		Check if Schedule O c	ontains a respor	ise or note to any lin	ie in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f	 Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, g similar amounts not included 	butions) 1d grants, and above 1f	3,398,591. 159,902.				
Con and	h				3,398,591.			
Program Service Revenue	2a b c	PUBLICATIONS		Business Code 900099 900099	648,860. 1,989.	648,860. 1,989.		
ograi Rev	d							
Pro	f				650,849.			
	3			·	9,517.			9,517.
	4 5	Income from investment o Royalties	•	•				
	6 a b	Gross rents Less: rental expenses	(i) Real 6a 6b	(ii) Personal				
	c d		6c					
	7 a	Gross amount from sales of assets other than inventory	(i) Securitie 7a	es (ii) Other	9			
Revenue	b	 Less: cost or other basis and sales expenses Gain or (loss) 	7b 7c					
Other Rev	d	Net gain or (loss) Gross income from fundraisin	ng events (not of					
	h	Part IV, line 18		8a 8b				
	с	 Net income or (loss) from f Gross income from gaming Part IV, line 19 	fundraising event g activities. See					
		 Less: direct expenses Net income or (loss) from g 		9b				
	b	 Gross sales of inventory, le and allowances Less: cost of goods sold Net income or (loss) from s 		10a 10b	-			
e e	11 a			Business Code 900099	3,139.	3,139.		
Miscellaneous Revenue	b c d							
Ë		Total. Add lines 11a-11d			3,139.			
	12 9 12-21	Total revenue. See instructio			4,062,096.	653,988.	0.	9,517. Form 990 (2023)

LEADERSHIP ROUNDTABLE, INC.

Form 990 (2023)

10

54-2174467 Page 9

Secti	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			20 125	20 007
_	trustees, and key employees	294,666.	244,534.	20,135.	29,997
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 660 620	1 270 007	112 /7/	160 040
7	Other salaries and wages	1,660,620.	1,378,097.	113,474.	169,049
8	Pension plan accruals and contributions (include	163,994.	136,094.	11,206.	16 604
_	section 401(k) and 403(b) employer contributions)				16,694
9	Other employee benefits	124,862.	103,619.	8,532. 9,308.	<u>12,711</u> 13,866
0	Payroll taxes	136,214.	113,040.	9,300.	13,000
1	Fees for services (nonemployees):				
	Management	1,084.		1 094	
b		50,389.	34,889.	<u> 1,084.</u> 15,500.	
	Accounting	50,309.	54,009.	15,500.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	372,224.	334,142.	22,330.	15,752
	column (A), amount, list line 11g expenses on Sch 0.)	572,224.	554,1420	22,330.	15,752
12 13	Advertising and promotion	43,531.	23,531.	15,501.	4,499
13 14	Office expenses	78,633.	52,445.	8,664.	17,524
		/0,035.	52,115.	0,0040	17,524
15 16	Royalties Occupancy	27,283.	5,543.	21,740.	
17	Travel	2772031	575151	21,7100	
18	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	103,566.	103,566.		
20	Interest	,	,		
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,032.		4,032.	
23	Insurance	7,143.		7,143.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MEALS, TRAVEL & LODGING	62,207.	49,539.	10,562.	2,106
b	MISCELLANEOUS	34,612.	17,539.	14,564.	2,509
с		_	-		
d					
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	3,165,060.	2,596,578.	283,775.	284,707
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

11

332010 12-21-23

Form **990** (2023)

	n 990 (2 rt X	2023) LEADERSHIP ROU Balance Sheet	NDTZ	ABLE, INC.		54-	2174467 Page 11
ra		Check if Schedule O contains a response or not	a to an	line in this Part Y			
			e to any		(A)	<u></u>	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			7,232.	1	30,904.
	2	Savings and temporary cash investments	791,204.	2	674,265.		
	3	Pledges and grants receivable, net			2,030,759.	3	3,138,557.
	4	Accounts receivable, net			112,434.	4	55,977.
	5	Loans and other receivables from any current or			, -	-	
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit	•	····· F			
		under section 4958(f)(1)), and persons described				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	— ··· ··· ···			22,657.	9	23,935.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	40,203.			
	b	Less: accumulated depreciation	10b	<u>40,203.</u> 30,575.	13,660.	10c	9,628.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			17,838.	15	11,251.
	16	Total assets. Add lines 1 through 15 (must equa			2,995,784.	16	3,944,517.
	17	Accounts payable and accrued expenses	278,598.	17	339,007.		
	18	Grants payable				18	
	19	Deferred revenue	63,631.	19	61,500.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lab.		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines			17 256		10 775
		of Schedule D			<u>17,356.</u> 359,585.	25	<u> 10,775.</u> 411,282.
	26			• X	559,505.	26	411,202.
S		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	ck nere				
nce	27				-133,737.	27	-484,379.
ala	28				2,769,936.	28	4,017,614.
Ыd	20	Organizations that do not follow FASB ASC 9		ck here	2,,05,550.	20	1,01,,014.
Fun		and complete lines 29 through 33.	50, che				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	31	Retained earnings, endowment, accumulated in	F		31		
let ,	32	Total net assets or fund balances		F	2,636,199.	32	3,533,235.
2	33				2,995,784.	33	3,944,517.

Form **990** (2023)

Form	1990 (2023) LEADERSHIP ROUNDTABLE, INC.	54-217	4467	Pac	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,062		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,165	5,00	60.
3	Revenue less expenses. Subtract line 2 from line 1	3	897	7,0:	36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,636	5,19	99.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,533	3,2:	<u>35.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Earm	aan /	(0000)

Form **990** (2023)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

Name	of t	identification number										
David				NDTABLE, INC.					4-2174467			
Par		Reason for Public (ee instruction	S.				
Г	rgani	zation is not a private found		0		,						
1		A church, convention of chu	,			n 170(b)(1	l)(A)(i).					
2		A school described in section		-								
3 [A hospital or a cooperative					-					
4 [A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,			
		city, and state:										
5 [An organization operated for		lege or university owned	or operate	ed by a go	vernmental ur	hit describe	ed in			
		section 170(b)(1)(A)(iv). (C										
6 L		A federal, state, or local gov	•				. ,					
7 [X											
o [section 170(b)(1)(A)(vi). (Complete Part II.)										
8 L		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
9								-	-			
		or university or a non-land-g	frant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or			
10		university:		than 22 1/20/ of its sure	ort from	optribution	momhart	in food and	d aroog rogginte from			
10 [An organization that norma										
		activities related to its exem income and unrelated busin										
		See section 509(a)(2). (Cor			in pusicies	ses acqui	led by the org	anization a				
11 [An organization organized a		vely to test for public sat	ety See	section 50)9(a)(4)					
12	=	An organization organized a	-		-			rry out the	purposes of one or			
		more publicly supported or	-					•				
		lines 12a through 12d that	-									
а		Type I. A supporting orga							aivina			
		the supported organization	-		• • • •	-						
		organization. You must c			, ,				11 3			
b		Type II. A supporting org			ion with its	s supporte	d organizatio	n(s), by hav	ing			
		control or management o	-				-		-			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	d with,			
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.					
d] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	ation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	bution rec	uirement and	an attentiv	veness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	I, Type III				
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.						
		er the number of supported o	•									
g		vide the following information			(iv) Is the oras	nization listed	(+) Amount of		(ui) Americant of others			
	(I	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No						
Total												

Schedule A (Form 990) 2023

Part II

54-2174467 Page 2

 (Form 990) 2023
 LEADERSHIP ROUNDTABLE, INC.
 54-2174

 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1442099.	1517254.	2527430.	3581917.	3398591.	12467291.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge	1440000	1 - 1 - 0 - 1	0505420	2501017	2200501	10467001			
	Total. Add lines 1 through 3	1442099.	1517254.	2527430.	3581917.	3398591.	12467291.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,						5381035.			
•	column (f)						7086256.			
	Public support. Subtract line 5 from line 4.						1000250.			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(a) 2022	(f) Total			
	Amounts from line 4	1442099.	1517254.	2527430.	3581917.	(e) 2023	(f) Total 12467291.			
	Gross income from interest,	1112055.	101/2010	25271500	5501517.	5556551.				
0	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	1,253.	788.	191.	103.	9,517.	11,852.			
9	Net income from unrelated business					570170				
5	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	1,336.				3,139.	4,475.			
11	Total support. Add lines 7 through 10						12483618.			
	Gross receipts from related activities,	etc. (see instructio	ons)			12 3	,460,886.			
	First 5 years. If the Form 990 is for th	,	,			01(c)(3)				
	organization, check this box and stop	-								
Sec	ction C. Computation of Publi	c Support Per	centage							
	Public support percentage for 2023 (I			olumn (f))		14	56.76 %			
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	<u>57.19 %</u>			
	33 1/3% support test - 2023. If the o									
	stop here. The organization qualifies	as a publicly supp	orted organization				X			
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual									
17a	17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
b		-					10% or			
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the									
	organization meets the facts-and-circu				• •					
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a					
						Schedule A	(Form 990) 2023			

332022 12-21-23

Schedule A				ROUNDTABLE,	
Part III	Support	Schedule f	or Organizations I	Described in Secti	ion 509(a)(2)

LEADERSHIP ROUNDTABLE, INC.

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				Ť		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				*		
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
~	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
Sec	ction C. Computation of Public	c Support Per	centage				
15	Public support percentage for 2023 (ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					 	
	Investment income percentage for 20		B			17	%
	Investment income percentage from 33 1/3% support tests - 2023. If the			on line 14 and line		18	% ne 17 is not
198		-					
h	more than 33 1/3%, check this box at 23 1/3% support tosts - 2022. If the	-	•				
a	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						
	23 12-21-23	T GIG HOL CHECK A		a, or rep, check th	IIS DUN AHU SEE INS		ule A (Form 990) 2023
00202			16	5		Geneu	

14330703 758571 NA40

LEADERSHIP ROUNDTABLE, INC.

1

2

3a

3b

3c

4a

4b

4c

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

332024 12-21-23

 5a
 1

 5b
 1

 5c
 1

 5c
 1

 5c
 1

 6
 1

 7
 1

 8
 1

 9a
 1

 9b
 1

 9c
 1

 10a
 1

 10b
 1

 Schedule A (Form 990) 2023

Sche		(Form 990) 2023		ROUNDTABLE,	INC.	54-21	/446	/ Pa	age
Par	rt IV	Supporting Orga	nizations (continued)						
								Yes	N
11	Has t	he organization accepte	ed a gift or contribution fror	m any of the following pe	ersons?				
а	A per	son who directly or indi	rectly controls, either alone	e or together with persor	ns described on lines 11b and				
	11c b	elow, the governing bo	dy of a supported organiza	ation?			11a		

b A family member of a person described on line 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u>

Section B. Type I Supporting Organizations

			Yes
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s)	1	

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗋	The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>
-----	--	---	----------------------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

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2023.04000 LEADERSHIP ROUNDTABLE, IN NA40_ 2

11b

11c

2

Yes No

Yes No

No

 Schedule A (Form 990) 2023
 LEADERSHIP ROUNDTABLE, INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

-	Charly have if the experimentian estimized the Interval Part Test on a subliction of		- Nov 00 1070 (
1	Check here if the organization satisfied the Integral Part Test as a qualifying t			Part VI). See Instructions.
Sect	All other Type III non-functionally integrated supporting organizations must continue of the second statement of the second st	ompiei	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
_				

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

332026 12-21-23

Schedule A (Form 990) 2023

Section D - Distributions

2

3

7

8

9

a From 2018 **b** From 2019 **c** From 2020 d From 2021

е	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D,		
	line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
C	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if		
	any. Subtract lines 3g and 4a from line 2. For result greater		
	than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
C	Excess from 2021		
d	Excess from 2022		
е	Excess from 2023		

(i)

Excess Distributions

LEADERSHIP ROUNDTABLE, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

6 Other distributions (describe in Part VI). See instructions.

Distributable amount for 2023 from Section C, line 6

Total annual distributions. Add lines 1 through 6.

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

3 Excess distributions carryover, if any, to 2023

1 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.

10 Line 8 amount divided by line 9 amount

4 Amounts paid to acquire exempt-use assets

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

54-2174467 Page 7

1

2

3

4

5 6

7

8 9

10

(ii)

Underdistributions

Pre-2023

Current Year

(iii)

Distributable

Amount for 2023

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	LEADERSHIP	ROUNDTABLE,	INC.	54-2174467 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Section	Information. Provide the lines 1, 2, 3b, 3c, 4b, 4c, 5a,	e explanations required b 6, 9a, 9b, 9c, 11a, 11b, Section E, lines 1c, 2a, 2	by Part II, line 10; Part and 11c; Part IV, Sect 2b, 3a, and 3b; Part V,	II, line 17a or 17b; Part III, line 12; ion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V,
	(See Instructions.)				
					Cohodula A (Come 000) 0000
332028 12-21-2	3		21		Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

54-217446	7
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LEADERSHIP ROUNDTABLE, INC.

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless to the set of the parts unless to the set of the parts unless to the set of the parts unless the set of the parts unless to the parts unless the set of the parts unless to the parts unless the set of the par

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

54 - 2174467

LEADERSHIP ROUNDTABLE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$81,562.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>2,250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

14330703 758571 NA40

Name of organization

Employer identification number

54-2174467

LEADERSHIP ROUNDTABLE, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

artii	Noncash Froperty (see instructions). Use duplicate copies of Part if it a	iduitional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule I	B (Form 990) (2023)			Page 4			
Name of o	rganization			Employer identification number			
	RSHIP ROUNDTABLE, INC.			54-2174467			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in secti	on 501(c)(7), (8), or (10) t For organizations	hat total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or les	s for the year. (Enter this info.	once.) \$			
(a) No.	Use duplicate copies of Part III if additional s	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Parti							
		(e) Transfer of gift					
	Transferee's name, address, a	nd $7IP \pm 4$	Belationship of tra	ansferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
1 art 1							
-							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No.							
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
-	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I	(b) Fulpose of gift						
			_				
		(e) Transfer of gift					
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			

323454 12-26-23

Schedule B (Form 990) (2023)

SCHEDULE D	Supple
(Form 990)	Complete it

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2002
2023
Open to Public
Inspection

Employer identification number

54-2174467

Name of the organization

Department of the Treasury

Internal Revenue Service

LEADERSHIP ROUNDTABLE, INC.

Par			or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, li					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	-				
	are the organization's property, subject to the organization's					
6	Did the organization inform all grantees, donors, and donor a		-			
	for charitable purposes and not for the benefit of the donor of	, , , , , ,				
Dor						
Par			Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (for example, recrea		f a historically important land area			
	Protection of natural habitat	Preservation o	f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form				
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements					
b						
С	Number of conservation easements on a certified historic st					
d	Number of conservation easements included on line 2c acqu					
	on a historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax			
	year					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements					
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing con	servation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ition easements during the year			
8						
•						
9	In Part XIII, describe how the organization reports conservat	1				
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	ents that describes the			
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art Historical Treasures or Ot	ther Similar Assets			
I UI	Complete if the organization answered "Yes" on Form					
10			and balance aboat works			
Ia	If the organization elected, as permitted under FASB ASC 99	· ·				
	of art, historical treasures, or other similar assets held for pu					
h	service, provide in Part XIII the text of the footnote to its fina					
b	If the organization elected, as permitted under FASB ASC 99					
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furti	nerance of public service,			
	provide the following amounts relating to these items.		¢			
	(i) Revenue included on Form 990, Part VIII, line 1					
•						
2	If the organization received or held works of art, historical tree		a gain, provide			
_	the following amounts required to be reported under FASB /	-	¢			
a h	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instruction	15 IUI FUIII 330.	Schedule D (Form 990) 2023			
332051	09-28-23	26				

Sche		HIP ROUNDTA						54-21			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Simila	r Assets	(contin	ued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply).										
а	Public exhibition	d			hange progr						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how th	ey further th	ne organizati	on's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of					er simila	r assets		-		-
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		te if the	organizatior	n answered "	Yes" on	Form 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod							_	٦		1
	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:					A		
	2 · · · · ·								Amount		
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
1	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						IILY ?	····· L	1 165]
Par											1
		(a) Current year		Prior year	(c) Two yea			years back	(e) Four	vears	back
1a	Beginning of year balance		. ,					,		<u> </u>	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	tion that	t are held ar	nd administe	red for tl	he		-		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm				F errer 000		line 10				
	Complete if the organization answere			-					<u> </u>		
	Description of property	(a) Cost or o basis (investn		. ,	or other (other)		Accumulate epreciation		(d) Book	value	;
1a	Land										
	Buildings										
С	Leasehold improvements			-							
d	Equipment				4,648.		25,1		9	, 52	
	Other				5,555.		5,4)2.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part J	X, line 10	<u>Oc. column</u>	<u>(B))</u>				9	,62	<u> </u>

Schedule D (Form 990) 2023

332052 09-28-23

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	lof-vear market value
	(b) DOOK Value		-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)	+		
(B)	+		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	1-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 000, Part IV, line	11d See Form 990 Part X line 15	
	Description	The see 10111330, 1 art X, line 13.	(b) Book value
	Description		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE - LEASE L	TABTLTTY		10,775.
(3)			
(4)(5)			
(5)			
(6)			
(7)			
(8)			
(9)			40
Total. (Column (b) must equal Form 990, Part X, line 25, co			10,775.
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	o the organization's financial statements t	hat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2023

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equie D	(FUIII 990) 202		DITTI
art VII	Investmen	ts - Other Securi	itiae

 Schedule D (Form 990) 2023
 LEADERSHIP ROUNDTABLE, INC.
 54-2174467
 Page 3

 Part VII
 Investments - Other Securities

 Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Becomption of becamity of bacegory (molading name of becamy)		
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
• •		

	Edule D (Form 990) 2023 LEADERSHIP ROUNDTABLE,		-	21/4467 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta		e per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements			4,062,096.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	····· ································			
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			4,062,096.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
			4c	0.
c				
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	2)		4,062,096.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St	2)		<u>4,062,096.</u>
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	2) atements With Expense		4,062,096.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St	2) atements With Expens ine 12a.	ses per Return	4,062,096.
c 5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 TXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li	2) atements With Expens ine 12a.	ses per Return	1
с 5 Ра	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With Expension 12a.	ses per Return	1
c 5 Pa 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12</i> TXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2) atements With Expens ine 12a.	ses per Return	1
c 5 Par 1 2 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12</i> TXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2) catements With Expension ine 12a. 2a 2b	ses per Return	1
c 5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 TANI Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2) catements With Expension ine 12a. 2a 2b 2c	ses per Return	1
c 5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2) atements With Expension ine 12a. 2a 2b 2c 2d	ies per Return	1
c 5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2) atements With Expension ine 12a.	ies per Return	3,165,060.
c 5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2) atements With Expension ine 12a.	ies per Return	<u>3,165,060.</u> 0.
c 5 Pai 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 TXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line 25: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2) atements With Expense ine 12a.	ies per Return	<u>3,165,060.</u> 0.
c 5 Pan 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 TXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2) atements With Expension ine 12a. 2a 2b 2c 2d 4a	ies per Return	<u>3,165,060.</u> 0.
c 5 Pan 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 TXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line 25: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2) atements With Expension ine 12a. 2a 2b 2c 2d 4a 4b	5 ses per Return 1 2e 3	3,165,060.
c 5 Pan 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 TXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2) atements With Expension ine 12a. 2a 2b 2c 2d 4a 4b	5 ses per Return 1 2e 3 3	3,165,060. 0. 3,165,060.

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Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION HAS DETERMINED THAT IT CURRENTLY DOES NOT HAVE ANY

UNCERTAIN TAX POSITIONS. IF THIS POSITION CHANGES, THE ORGANIZATION WILL

ASSESS THE IMPACT OF ANY SUCH MATTERS ON ITS STATEMENT OF FINANCIAL

POSITION AND ITS RESULTS OF OPERATIONS.

332054 09-28-23

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SCHEDULE J		Compensation Information		OMB No. 1	545-004	47
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 2	,
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			20	ZJ)
Dena	Department of the Treasury Attach to Form 990.				Publ	ic
	al Revenue Service		Inspection			
Nan	e of the organization			identification number		
		LEADERSHIP ROUNDTABLE, INC.	54-2	217446	7	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
		spending account Personal services (such as maid, chauffer	ir, chet)			
h	If any of the haves	on line to ave checked, did the exception follow a written policy recording powerst or				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		46		
2		rovision of all of the expenses described above? If "No," complete Part III to explain n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		<u>1b</u>		
2	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice					
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's				
•		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	ompensation consultant				
	·	ther organizations X Approval by the board or compensation of	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severand	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:				
						X
		ation?				X
		or 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r	-				
						X
b		ation?		6b	_	X
-		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
•		nes 5 and 6? If "Yes," describe in Part III		7		X
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
~				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
For	or Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2023					

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PATRICK MARKEY	(i)	249,288.	0.	0.	24,929.	20,449.	294,666.	0.
MANAGING PARTNER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIMBERLEY SMOLIK	(i)	228,072.	0.	0.	22,807.	14,509.	265,388.	0.
PARTNER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL BROUGH	(i)	198,488.	0.	0.	19,849.	1,633.	219,970.	0.
PARTNER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LISA METCALFE	(i)	163,800.	0.	0.	16,380.	1,834.	182,014.	0.
DIRECTOR, SERVICES & PROGR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KEVIN KENNEDY	(i)	140,400.	0.	0.	14,040.	23,285.	177,725.	0.
SENIOR LEADERSHIP DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DEACON PATRICK STOKELY	(i)	148,994.	0.	0.	14,899.	10,723.	174,616.	0.
SENIOR PROGRAM MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MS. KERRY ROBINSON	(i)	149,124.	0.	0.	14,912.	1,245.	165,281.	0.
FORMER PARTNER/CURRENT BOARD MEMBER	(ii)	0.	Ο.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023	
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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Inspection

ſ ΖU **Open to Public**

Employer identification number

54 - 2174467

23

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

LEADERSHIP ROUNDTABLE, INC.

Pa	τI	Types of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			3
1	Art - ۱	Works of art							
2		Historical treasures							
3		Fractional interests							
4		s and publications							
5		ing and household goods							
6		and other vehicles							
7		s and planes							
8		ectual property							
9	Secu	rities - Publicly traded	X	7	159,902.	FMV			
10		rities - Closely held stock							
11		rities - Partnership, LLC, or							
	trust	interests							
12	Secu	rities - Miscellaneous							
13		fied conservation contribution -							
	Histo	ric structures							
14	Quali	fied conservation contribution - Other							
15	Real	estate - Residential							
16	Real	estate - Commercial							
17		estate - Other							
18		ctibles							
19		inventory							
20		s and medical supplies							
21		lermy							
22		rical artifacts							
23		ntific specimens							
24		eological artifacts							
25	Othe								
26	Othe	r ()							
27	Othe								
28	Othe								
29	Num	ber of Forms 8283 received by the organi	ization during	g the tax year for c	ontributions				
	for w	hich the organization completed Form 82	283, Part V, D	onee Acknowledg	ement 29				
								Yes	No
30a	Durin	g the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must	hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used t	or			
	exem	pt purposes for the entire holding period	?				30a		<u>X</u>
b	lf "Ye	es," describe the arrangement in Part II.							
31	Does	the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	31		X
32a		the organization hire or use third parties ibutions?		-			32a		<u>x</u>
b	lf "Ye	es " describe in Part II							

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M	(Form 990) 2023	LEADERSHI	P ROUNDTABLE,	INC.	54-2174467 Page 2
Part II	Supplemental is reporting in Part	l Information. P t I, column (b), the ni dditional information	rovide the information req umber of contributions, th	uired by Part I, lines 30b, 32b, and 33, he number of items received, or a comb	and whether the organization ination of both. Also complete
				•	
_					
					.
332142 09-11-2	3				Schedule M (Form 990) 2023

SCHEDULE	С
(Form 990)	

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



54-2174467

LEADERSHIP ROUNDTABLE, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN PARTNERSHIP WITH LAY, ORDAINED, AND RELIGIOUS LEADERS AND

ORGANIZATIONS ACROSS ALL SECTORS OF THE CATHOLIC COMMUNITY IN THE

UNITED STATES AND ROME, LEADERSHIP ROUNDTABLE SEEKS TO ELEVATE AND

IMPLEMENT BEST PRACTICES IN MANAGEMENT AND LEADERSHIP TO ESTABLISH A

CULTURE OF CO-RESPONSIBLE, SERVANT LEADERSHIP FOR A HEALTHY, THRIVING

CHURCH IN THE U.S.

LEADERSHIP ROUNDTABLE HOLDS THE SEAL OF EXCELLENCE FROM THE STANDARDS FOR EXCELLENCE INSTITUTE. THE SEAL OF EXCELLENCE IS A PEER REVIEWED ACCREDITED RECOGNITION INDICATING THE ORGANIZATION FOLLOWS BEST NONPROFIT MANAGEMENT PRACTICES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IN PARTNERSHIP WITH LAY, ORDAINED, AND RELIGIOUS LEADERS AND ORGANIZATIONS ACROSS ALL SECTORS OF THE CATHOLIC COMMUNITY IN THE UNITED STATES AND ROME, LEADERSHIP ROUNDTABLE SEEKS TO ELEVATE AND IMPLEMENT BEST PRACTICES IN MANAGEMENT AND LEADERSHIP TO ESTABLISH A CULTURE OF CO-RESPONSIBLE, SERVANT LEADERSHIP FOR A HEALTHY, THRIVING CHURCH IN THE U.S.

FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION HAS SUB-COMMITTEES THAT MEET REGULARLY AND REPORT TO THE BOARD OF DIRECTORS (THE BOARD). MINUTES FOR THE SUB-COMMITTEE MEETINGS ARE RECORDED. EACH SUB-COMMITTEE THAT REPORTS TO THE BOARD ARE RECORDED IN THE BOARD MINUTES. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

35

332211 11-14-23

LHA

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FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS E-MAILED TO ALL BOARD MEMBERS PRIOR TO THE MEETING CLOSEST

TO THE FILING DATE.

THE FORM 990 IS ALSO INCLUDED IN THE BOARD PACKET PROVIDED TO ALL BOARD

MEMBERS AT THE BOARD MEETING. MEMBERS ARE GIVEN AN OPPORTUNITY TO REVIEW

AND COMMENT ON THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD MEMBERS MUST COMPLETE AND FILE A CONFLICT OF INTEREST FORM EACH

JUNE. ANY POTENTIAL CONFLICTS ARE REVIEWED BY THE BOARD. AFFECTED BOARD

MEMBERS ARE PROHIBITED FROM PARTICIPATING IN THE BOARD'S DELIBERATION AND

DECISIONS ON TRANSACTIONS WITH POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

NEW HIRE SALARY RANGES ARE DETERMINED BY CONSIDERATION AND DELIBERATION OF THE MEMBERS OF THE BOARD OF DIRECTORS USING MARKET COMPARISONS AND WAGE SURVEYS. TOTAL COMPENSATION IS REVIEWED ANNUALLY BY THE FINANCE COMMITTEE AND REVIEWED BY THE BOARD OF DIRECTORS AS PART OF THE BUDGET PROCESS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

36

Employer identification number 54-2174467
334,142.
22,330.
15,752.
372,224.
1G, COL A 372,224.
EAR.
Schedule O (Form 990) 202

Page **2**

Schedule O (Form 990) 2023

SCH	IEDULE R
/	

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 54 - 2174467

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

LEADERSHIP ROUNDTABLE, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LEADERSHIP ROUNDTABLE CONSULTING, LLC -					
26-3500705, 415 MICHIGAN AVENUE, NE, #275,					
WASHINGTON, DC 20017	CONSULTING SERVICES	DELAWARE			N/A

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 LEADERSHIP ROUNDTABLE, INC.

54-2174467 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

									1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	manag partne	or Percentage ^{ng} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes I	lo
										+	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sect 512(b contro entit) tion b)(13) olled ty?
		country)		01 11000		400010		Yes	No

Schedule R (Form 990) 2023 LEADERSHIP ROUNDTABLE, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у			1a				
	Gift, grant, or capital contribution to related organization(s)				1b				
	Gift, grant, or capital contribution from related organization(s)				1c				
	Loans or loan guarantees to or for related organization(s)				1d				
	Loans or loan guarantees by related organization(s)				1e				
f	Dividends from related organization(s)				1f				
g	Sale of assets to related organization(s)				1g				
h	Purchase of assets from related organization(s)				1h				
i	i Exchange of assets with related organization(s)								
j	j Lease of facilities, equipment, or other assets to related organization(s)								
k	Lease of facilities, equipment, or other assets from related organization(s)				1k				
Т	Performance of services or membership or fundraising solicitations for related organization(s)								
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o Sharing of paid employees with related organization(s)									
р	Reimbursement paid to related organization(s) for expenses				1p				
q					1q				
r	Other transfer of cash or property to related organization(s)				1r				
	Other transfer of cash or property from related organization(s)				1s				
	If the answer to any of the above is "Yes," see the instructions for information on w								
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	olved				
	-	type (a-s)		5					
<u>(1)</u>									
<u>(2)</u>									
(-)									
<u>(3)</u>									
(4)									
(5)									

(6)

Schedule R (Form 990) 2023 LEADERSHIP ROUNDTABLE, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c orgs Yes	e) all rs sec. c)(3) s.? No	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior alloca Yes	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes I	al or P jing er? C	(k) Percentage ownership
						1							

Schedule R (Form 990) 2023

	LEADERSHIP R		INC.	54-2174467	Page
Supplemental Info	ormation				
Provide additional infor	mation for responses to que	estions on Schedule	R. See instructions.		
		Supplemental Information		Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	